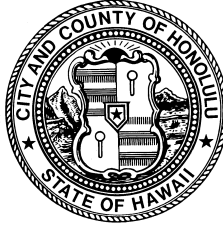


DEPARTMENT OF ENVIRONMENTAL SERVICES
CITY AND COUNTY OF HONOLULU
1000 Uluohia Street, Suite 303, Kapolei, Hawaii 96707
PHONE: (808) 692-5159 FAX: (808) 692-5113 Website: www.co.honolulu.hi.us

JEREMY HARRIS
Mayor



TIMOTHY E. STEINBERGER, P.E.
Director

FRANK J. DOYLE, P.E.
Deputy Director

**LIQUID WASTE HAULER INDUSTRIAL WASTEWATER
DISCHARGE PERMIT APPLICATION**

TO:
Department of Environmental Services
Division of Environmental Quality
City and County of Honolulu
1000 Uluohia Street, Suite 303
Kapolei, Hawaii 96707

Attention: Regulatory Control Branch

FROM:

COMPANY NAME			
DOING BUSINESS AS			
TYPE OF COMPANY			
OWNERS NAME			
PARTNERS NAMES			
MAILING ADDRESS	CITY	ZIP	
STREET ADDRESS	CITY	ZIP	
P.O. BOX NOT			
PHONE NUMBER	Cell Phone		
FAX NUMBER	Pager #		
RESPONSIBLE PERSON			
POSITION TITLE			
E-MAIL ADDRESS			

I am applying for an Industrial Wastewater Discharge Permit for discharge of the following wastes (LIST ALL SPECIALIZED CUSTOMERS):

	Waste source/Generator	Frequency	Amount/gallons
1	DOMESTIC/SEPTIC TANKS/CESSPOOLS	AS REQUIRED	UNKNOWN
2			
3			
4			

To add additional waste sources use back of page.

FormsIWDP 4/09/02 APP

INSTRUCTIONS FOR IWDP APPLICATION

1) Applications containing incomplete or missing information or documentation will not be processed.

- 2) Fill out application in ink (either printed or typed).
- 3) Fill out all sections of the application unless directed otherwise
- 4) Answer all questions completely.
- 5) Submit all documents that may be required for your specific permit. Example: Specialized wastewater requiring laboratory analysis sampling sites (include pictures), explanations of how sampling will be conducted by your independent laboratory.
- 6) Sign application
- 7) Submit application to:

DEPARTMENT OF ENVIRONMENTAL SERVICES
DIVISION OF ENVIRONMENTAL QUALITY
CITY AND COUNTY OF HONOLULU
1000 ULUOHIA STREET, SUITE 303
KAPOLEI, HAWAII 96707

ATTENTION:
REGULATORY CONTROL BRANCH

If you have trouble filling out the application or if you have questions about the application or permit, please contact the City's Department of Environmental Services, Regulatory Control Branch at 692-5375 or 692-5564 and ask to speak with a Source Control Specialist about the Liquid Waste Hauler Program.

'I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations''.

OWNER'S SIGNATURE: _____

PRINTED NAME: _____

DATE SIGNED : _____

Anticipated amount of discharges and Frequency to the City collection system.

DAYS	GALLONS	FREQUENCY
WEEKDAYS		
SATURDAYS		
SUNDAYS		

If you are requesting a permit renewal list all non domestic wastewater customers:

S=SPECIALIZED WASTEWATER **ONLY**

CUSTOMER	TYPE	GALLONS	FREQUENCY

Hours of Business Operation (Circle)

S M T W T F S Start time _____ End Time_____

BUSINESS INFORMATION

Type of ownership (sole owner, partnership, corporation, etc):

Employee Name	Job Title

VEHICLE INFORMATION

Make	Model	Year	Color	Capacity (Gal.)	License #

RENEWAL APPLICANTS DO NOT NEED TO SUPPLY NEW PICTURES, BUT ARE REQUIRED TO UPDATE VEHICLE INFORMATION AT THIS TIME.

Attach three (3) color photographs for each vehicle listed above showing (1) front, (1) rear and (1) side view. Make sure that the vehicle license plate can be clearly read as well as the company name. Submit a current copy of the registration for any vehicle listed above.

IF ADDITIONAL SPACE IS NEEDED FOR ANY SECTION, ATTACH THE INFORMATION ON A SEPARATE SHEET.